

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S) <span style="font-size: 1.2em; margin-left: 10px;">100 7 6589</span>	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
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TOTAL							